## **HOUSE BILL No. 1739**

#### DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8.

Synopsis: Retired legislator health insurance. Reduces the benefits available under the retired legislator health insurance program, including: (1) removes the election by legislative employers to permit a former member (and spouse) to remain in the program after the former member (or spouse) becomes eligible for Medicare; (2) permits legislative employers to elect to pay not more than 50% of an eligible former member's (and spouse's) Medicare supplement premium; (3) repeals the requirement that the state personnel department establish two retirement health plans that were available to state employees after they became eligible for Medicare; (4) requires former legislators to pay the same percentage of health care premiums in retirement that active legislators pay for health care benefits; and (5) exempts former legislators whose last day of service is before November 8, 2006, from the benefit reductions. Repeals and replaces without change provisions concerning eligibility requirements for the spouse of a legislator who dies in office.

Effective: July 1, 2005.

## **Davis**

January 19, 2005, read first time and referred to Committee on Rules and Legislative Procedures.



#### First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

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### **HOUSE BILL No. 1739**

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A BILL FOR AN ACT to amend the Indiana Code concerning the general assembly.

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Be it enacted by the General Assembly of the State of Indiana:

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SECTION 1. IC 5-10-8-8 IS AMENDED TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2005]: Sec. 8. (a) This section applies only to
the state and employees who are not covered by a plan established
under section 6 of this chapter.

- (b) After June 30, 1986, the state shall provide a group health insurance plan to each retired employee:
  - (1) whose retirement date is:
    - (A) after June 29, 1986, for a retired employee who was a member of the field examiners' retirement fund;
    - (B) after May 31, 1986, for a retired employee who was a member of the Indiana state teachers' retirement fund; or
    - (C) after June 30, 1986, for a retired employee not covered by clause (A) or (B);
  - (2) who will have reached fifty-five (55) years of age on or before the employee's retirement date but who will not be eligible on that date for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.;



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1	(3) who will have completed twenty (20) years of creditable	
2	employment with a public employer on or before the employee's	
3	retirement date, ten (10) years of which shall have been	
4	completed immediately preceding the retirement; and	
5	(4) who will have completed at least fifteen (15) years of	
6	participation in the retirement plan of which the employee is a	
7	member on or before the employee's retirement date.	
8	(c) The state shall provide a group health insurance program to each	
9	retired employee:	_
10	(1) who is a retired judge;	
11	(2) whose retirement date is after June 30, 1990;	
12	(3) who is at least sixty-two (62) years of age;	
13	(4) who is not eligible for Medicare coverage as prescribed by 42	
14	U.S.C. 1395 et seq.; and	
15	(5) who has at least eight (8) years of service credit as a	
16	participant in the Indiana judges' retirement fund, with at least	
17	eight (8) years of that service credit completed immediately	
18	preceding the judge's retirement.	
19	(d) The state shall provide a group health insurance program to each	
20	retired employee:	
21	(1) who is a retired participant under the prosecuting attorneys	
22	retirement fund;	
23	(2) whose retirement date is after January 1, 1990;	
24	(3) who is at least sixty-two (62) years of age;	_
25	(4) who is not eligible for Medicare coverage as prescribed by 42	
26	U.S.C. 1395 et seq.; and	_
27	(5) who has at least ten (10) years of service credit as a participant	
28	in the prosecuting attorneys retirement fund, with at least ten (10)	\
29	years of that service credit completed immediately preceding the	
30	participant's retirement.	
31	(e) The state shall make available a group health insurance program	
32	to each former member of the general assembly or surviving spouse of	
33	each former member, if the former member:	
34	(1) is no longer a member of the general assembly;	
35	(2) is not eligible for Medicare coverage as prescribed by 42	
36	U.S.C. 1395 et seq. or, in the case of a surviving spouse, the	
37	surviving spouse is not eligible for Medicare coverage as	
38	prescribed by 42 U.S.C. 1395 et seq.; and	
39	(3) has at least ten (10) years of service credit as a member in the	
40	general assembly.	
41	A former member or surviving spouse of a former member who obtains	
42	insurance under this section is responsible for paying both the	



employer and the employee share of the cost of the coverage. The surviving spouse of a legislator who dies in office may, at any time after the death of the former member, elect to participate in the group health insurance program under the same terms and conditions as the former member could have participated.

- (f) The group health insurance program required under subsections (b) through (e) must be equal to that offered active employees. The retired employee may participate in the group health insurance program if the retired employee pays an amount equal to the employer's and the employee's premium for the group health insurance for an active employee and if the retired employee within ninety (90) days after the employee's retirement date files a written request for insurance coverage with the employer. However, Except as provided by section 8.2(1) and 8.2(m) of this chapter, the employer may elect to pay any part of the retired employee's premium with respect to insurance coverage under this chapter.
- (g) Except as provided in subsection (j), A retired employee's eligibility to continue insurance under this section ends when the employee becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq., or when the employer terminates the health insurance program. A retired employee who is eligible for insurance coverage under this section may elect to have the employee's spouse covered under the health insurance program at the time the employee retires. If a retired employee's spouse pays the amount the retired employee would have been required to pay for coverage selected by the spouse, the spouse's subsequent eligibility to continue insurance under this section is not affected by the death of the retired employee. The surviving spouse's eligibility ends on the earliest of the following:
  - (1) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
  - (2) When the employer terminates the health insurance program.
  - (3) Two (2) years after the date of the employee's death.
  - (4) The date of the spouse's remarriage.
- (h) This subsection does not apply to an employee who is entitled to group insurance coverage under IC 20-6.1-6-1(c). An employee who is on leave without pay is entitled to participate for ninety (90) days in any health insurance program maintained by the employer for active employees if the employee pays an amount equal to the total of the employer's and the employee's premiums for the insurance.
- (i) An employer may provide group health insurance for retired employees or their spouses not covered by this section and may provide group health insurance that contains provisions more favorable to









1	retired employees and their spouses than required by this section. A
2	public employer may provide group health insurance to an employee
3	who is on leave without pay for a longer period than required by
4	subsection (h).
5	(j) An employer may elect to permit former employees and their
6	spouses, including surviving spouses, to continue to participate in a
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8	group health insurance program under this chapter after the former employee (who is otherwise qualified under this chapter to participate
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10	in a group insurance program) or spouse has become eligible for Medicare coverage as prescribed by 42 U.S.C.A. 1395 et seq. An
11	employer who makes an election under this section may require a
12	person who continues coverage under this subsection to participate in
13	a retiree health benefit plan developed under section 8.3 of this chapter.
14	SECTION 2. IC 5-10-8-8.2 IS AMENDED TO READ AS
15	FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 8.2. (a) As used in this
16	section, "former legislator" means a former member of the general
17	assembly.
18	(b) As used in this section, "dependent" means an unmarried person
19	who:
20	(1) is:
21	(A) a dependent child, stepchild, foster child, or adopted child
22	of a former legislator or spouse of a former legislator; or
23	(B) a child who resides in the home of a former legislator or
24	spouse of a former legislator who has been appointed legal
25	guardian for the child; and
26	(2) is:
27	(A) less than twenty-three (23) years of age;
28	(B) at least twenty-three (23) years of age, incapable of
29	self-sustaining employment by reason of mental or physical
30	disability, and is chiefly dependent on a former legislator or
31	spouse of a former legislator for support and maintenance; or
32	(C) at least twenty-three (23) years of age and less than
33	twenty-five (25) years of age and is enrolled in and is a
34	full-time student at an accredited college or university.
35	(c) As used in this section, "spouse" means a person who is or was
36	married to a former legislator.
37	(d) After June 30, 2001, the state shall provide to a former
38	legislator:
39	(1) whose last day of service as a member of the general assembly
40	was after December 31, 2000;
41	(2) who served in all or part of at least four (4) terms of the
42	general assembly (as defined in IC 2-2.1-1-1);
<b>+</b> ∠	general assembly (as defined in IC 2-2.1-1-1);



1	(3) who pays an amount equal to the employee's and employer's	
2	premium for the group health insurance for an active employee;	
3	and	
4	(4) who files a written request for insurance coverage with the	
5	employer within ninety (90) days after the former legislator's:	
6	(A) last day of service as a member of the general assembly;	
7	or	
8	(B) retirement date;	
9	a group health insurance program that is equal to that offered to active	
0	employees.	
1	(e) Except as provided by section 8(j) of this chapter, The eligibility	
2	of a former legislator to continue insurance under this section ends	
3	when the former legislator becomes eligible for Medicare coverage as	
4	prescribed by 42 <del>U.S.C.A.</del> <b>U.S.C.</b> 1395 et seq. or when the employer	
5	terminates the health insurance program.	
6	(f) A former legislator who is eligible for insurance coverage under	
7	this section may elect to have a spouse or dependent of the former	
8	legislator covered under the health insurance program. A former	
9	legislator who makes an election under this subsection must pay the	
20	employee's and employer's premium for the group health insurance	
21	program for an active employee that is attributable to the inclusion of	
22	a spouse or dependent.	
23	(g) A spouse or dependent may continue insurance under this	
24	section after the death of the former legislator if the spouse or	
25	dependent pays the amount the former legislator would have been	
26	required to pay for coverage selected by the spouse or dependent.	
27	(h) Except as provided under section 8(j) of this chapter, The	
28	eligibility of a spouse to continue insurance under this section ends on	
29	the earliest of the following:	
0	(1) When the employer terminates the health insurance program.	
1	(2) The date of the legislative spouse's remarriage.	
32	(3) When the required amount for coverage is not paid with	
3	respect to the spouse.	
4	(4) When the spouse becomes eligible for Medicare coverage as	
55	prescribed by 42 U.S.C.A. U.S.C. 1395 et seq.	
66	(i) The eligibility of a dependent to continue insurance under this	
57	section ends on the earliest of the following:	
8	(1) When the employer terminates the health insurance program.	
19	(2) The date the dependent no longer meets the definition of a	
0	dependent.	
1	(3) When the required amount for coverage is not paid with	
12	respect to the dependent.	



1	(j) The spouse of a deceased former legislator may elect to
2	participate in the group health insurance program under this section if
3	all of the following apply:
4	(1) The deceased legislator:
5	(A) died after December 31, 2000, while serving as a member
6	of the general assembly; and
7	(B) served in all or part of at least four (4) terms of the general
8	assembly (as defined in IC 2-2.1-1-1).
9	(2) The surviving spouse files a written request for insurance
10	coverage with the employer.
11	(3) The surviving spouse pays an amount equal to the employee's
12	and employer's premium for the group health insurance for an
13	active employee, including any amount with respect to covered
14	dependents of the former legislator.
15	(k) Except as provided under section 8(j) of this chapter, The
16	eligibility of the surviving spouse under subsection (j) ends on the
17	earliest of the following:
18	(1) When the employer terminates the health insurance program.
19	(2) The date of the spouse's remarriage.
20	(3) When the required amount for coverage is not paid with
21	respect to the spouse and any covered dependent.
22	(4) When the surviving spouse becomes eligible for Medicare
23	coverage as prescribed by 42 U.S.C.A. U.S.C. 1395 et seq.
24	(l) This subsection applies to a former legislator or the spouse of
25	a former legislator who is not eligible for Medicare coverage. The
26	employer may elect to pay a part of the premium of a former
27	legislator (or the spouse of a former legislator) whose last day of
28	service in the general assembly is after November 7, 2006, and who
29	otherwise qualifies under subsection (d). The part that the
30	employer may elect to pay under this subsection may not exceed
31	the employer's share of the premium for the group health
32	insurance for an active member of the general assembly.
33	(m) This subsection applies to a former legislator or the spouse
34	of a former legislator who is eligible for Medicare coverage. An
35	employer may elect to pay up to fifty percent (50%) of the
36	Medicare supplement premium of a former legislator (or the
37	spouse of a former legislator) whose last day of service in the
38	general assembly is after November 7, 2006, and who otherwise
39	qualifies to participate in the group health insurance program
40	under subsection (d).
41	SECTION 3. IC 5-10-8-8.5 IS ADDED TO THE INDIANA CODE

AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY



1	1,2005]: Sec. 8.5. Notwithstanding any law, an election made by the	
2	speaker of the house of representatives or the president pro	
3	tempore of the senate under IC 5-10-8-8 (before its amendment in	
4	2005) or IC 5-10-8-8.2 (before its amendment in 2005) shall	
5	continue in effect with respect to:	
6	(1) former members of the general assembly:	
7	(A) whose last day of service in the general assembly is:	
8	(i) after December 31, 2000; and	
9	(ii) not later than November 7, 2006; and	_
10	(B) who otherwise qualify under IC 5-10-8 to participate in	
11	a health plan in retirement; and	
12	(2) the spouses of the former members described in	
13	subdivision (1);	
14	until that election is amended or revoked by the general assembly.	
15	SECTION 4. THE FOLLOWING ARE REPEALED [EFFECTIVE	
16	JULY 1, 2005]: IC 5-10-8-8.1; IC 5-10-8-8.3.	
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